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PRE-APPEAL BRIEF REQUEST FOR REVIEW		Docket Number (Docket Number (Optional)	
		SMTR-002/01US		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to "Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)]		n Number	Filed	
		,060	August 20, 2003	
		•		
on	First Named Inventor			
Signature	Brad W. Blumberg			
Art U		Jnit Examiner		
Typed or printed name		2617	Marisol Figueroa	
Applicant requests review of the final rejection in the above-identified application. No amendments are being filled				
with this request.				
This request is being filed with a notice of appeal.				
The review is requested for the reason(s) stated on the attached sheet(s).				
Note: No more than five (5) pages may be provided.				
		\wedge		
I am the		7/		
applicant/inventor.		4	Mez. 10, 42387	
assignee of record of the entire interest.	€ Na	ncy A. Vashaw		
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	<i>r</i> —	Typed	or printed name	
X attorney or agent of record. 50, 501				
attorney or agent of record. 50,501 Registration number	. (70	03) 456-8000	hana ni mbaa	
		reiep	hone number	
attorney or agent acting under 37 CFR 1.34.				
Registration number if acting under 37 CFR 1.34	-		Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.				
Submit multiple forms if more than one signature is required, see below.				
X *Total of forms are submitted.				

This collection of information is required by 35 U.S.C. 132. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the UBFTO. Time will vary descending upon the including states. Any comments on the amount of time you require to complete this form and/or suggestation for require plat to complete this form and/or suggestation for reducing this burden, should be sent to the information Offices. U.S. Papartient of Commence, P.O. Box 1499, Alexandria, VA 22315-1490. DO NOT SEND FEES OR COMPLETED FORMST OTHER ADDRESS. SEND TO'S Mall Stop AF, Commissioner for Patents, P.O. Box 1499, Alexandria, VA 22315-1490.